		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0032896

Facility Name: Alden Poplar Creek Rehab & HC

Address: 1545 Barrington Road (Number) Hoffman Estates (City) 60194 (Zip Code)

County: Cook

Telephone Number: (847) 884-0011 **Fax #** (847)884-0121

IDPA ID Number: 36-3299486

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,205	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,894	1,993	4,458	10,345	8
9	SNF/PED					9
10	ICF	42,011	8,067	1,136	51,214	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,905	10,060	5,594	61,559	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.72%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 5/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 11/12/95 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 42 and days of care provided 3,265

Medicare Intermediary Administar

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	365,042	45,449		410,491	534	411,025		411,025			1
2	Food Purchase		439,927		439,927	(43,236)	396,691	(12,355)	384,336			2
3	Housekeeping	174,504	28,864		203,368	1,870	205,238		205,238			3
4	Laundry	120,250	10,790		131,040	438	131,478		131,478			4
5	Heat and Other Utilities			227,799	227,799		227,799	(7,982)	219,817			5
6	Maintenance	47,537		138,828	186,365		186,365	15,799	202,164			6
7	Other (specify):*											7
8	**TOTAL General Services**	707,333	525,030	366,627	1,598,990	(40,394)	1,558,596	(4,538)	1,554,058			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,646,890	139,017	5,208	2,791,115	5,829	2,796,944	(10,153)	2,786,791			10
10a	Therapy											10a
11	Activities	76,379	4,453	617	81,449	417	81,866	(8,292)	73,574			11
12	Social Services	32,943		2,766	35,709		35,709		35,709			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,756,212	143,470	26,591	2,926,273	6,246	2,932,519	(18,445)	2,914,074			16
	C. General Administration											
17	Administrative	158,669			158,669		158,669		158,669			17
18	Directors Fees											18
19	Professional Services			782,554	782,554		782,554	(718,579)	63,975			19
20	Dues, Fees, Subscriptions & Promotions			37,879	37,879		37,879	(23,090)	14,789			20
21	Clerical & General Office Expenses	551,371	16,848	31,016	599,235	537	599,772	53,494	653,266			21
22	Employee Benefits & Payroll Taxes			567,623	567,623	33,611	601,234	67,136	668,370			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,860	2,860		2,860	13,534	16,394			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			94,040	94,040		94,040	408	94,448			26
27	Other (specify):*			3,133	3,133		3,133	(3,133)				27
28	**TOTAL General Administration**	710,040	16,848	1,519,105	2,245,993	34,148	2,280,141	(610,230)	1,669,911			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,173,585	685,348	1,912,323	6,771,256		6,771,256	(633,213)	6,138,043			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Poplar Creek Rehab & HC #0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			65,616	65,616		65,616	378,743	444,359			30
31	Amortization of Pre-Op. & Org.							3,520	3,520			31
32	Interest			598,902	598,902		598,902	198,387	797,289			32
33	Real Estate Taxes							530,051	530,051			33
34	Rent-Facility & Grounds			1,464,275	1,464,275		1,464,275	(1,453,767)	10,508			34
35	Rent-Equipment & Vehicles			9,292	9,292		9,292	25,700	34,992			35
36	Other (specify):*							47,541	47,541			36
37	**TOTAL Ownership**			2,138,085	2,138,085		2,138,085	(269,825)	1,868,260			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		211,337	810,522	1,021,859		1,021,859	(585,468)	436,391			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,807	118,807		118,807		118,807			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		211,337	929,329	1,140,666		1,140,666	(585,468)	555,198			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,173,585	896,685	4,979,737	10,050,007		10,050,007	(1,488,506)	8,561,501			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$ (8,292)	11	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	11,821	30		9
10	Interest and Other Investment Income	(881)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,900)	2		13
14	Non-Care Related Interest	(593,652)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(5,249)	32		18
19	Entertainment				19
20	Contributions	(8,133)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,133)	27		24
25	Fund Raising, Advertising and Promotional	(10,735)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(2,972)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (625,126)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(400,074)	PG 6'S	34
35	Other- Attach Schedule	(463,306)	PG 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (863,380)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,488,506)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Alden Poplar Creek Rehab & HC

ID# 0032896

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	ILL HEALTH CARE - PAC FEES	$ (694)	20	1
2	CHAMBER OF COMMERCE	(885)	20	2
3	Delete marketing fee gl 5708	(30,516)	19	3
4	X-RAY HMO C/A (BACK OUT NON-COSTS)	(490)	39	4
5	back out part b c/a's in 5212/3/4	(4,715)	39	5
6	Late fees for utilities	(7,982)	5	6
7	HMO pharmacy c/a (#5042)	(71,138)	39	7
8	HMO therapy c/a (#5040)	(289,571)	39	8
9	HMO nursing supplies c/a (#5026)	(13,400)	39	9
10	HMO isolation c/a (#5093)	(7,090)	39	10
11	HMO oxygen c/a/(#5080)	(4,989)	39	11
12	To adjusst over dep. Def. Maint item	(1,543)	6	12
13	To agree page 22 to the GL#7104	6,406	6	13
14	back out over-recorded insur exp (audit.adj)	(6,293)	26	14
15	back out related party interest on Pc, Llc (ams)	(30,406)	32	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(463,306)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,900)	0	0	(8,455)	0	0	0	0	0	0	0	(12,355)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(7,982)	0	0	0	0	0	0	0	0	0	0	(7,982)	5
6	Maintenance	4,863	0	10,965	0	0	0	(29)	0	0	0	0	15,799	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(7,019)	0	10,965	(8,455)	0	0	(29)	0	0	0	0	(4,538)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(9,509)	(644)	0	0	0	0	0	0	(10,153)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(8,292)	0	0	0	0	0	0	0	0	0	0	(8,292)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(8,292)	0	0	(9,509)	(644)	0	0	0	0	0	0	(18,445)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(30,516)	3,200	(691,263)	0	0	0	0	0	0	0	0	(718,579)	19
20	Fees, Subscriptions & Promotions	(23,419)	0	329	0	0	0	0	0	0	0	0	(23,090)	20
21	Clerical & General Office Expenses	0	661	31,741	14,363	6,729	0	0	0	0	0	0	53,494	21
22	Employee Benefits & Payroll Taxes	0	0	65,757	0	1,379	0	0	0	0	0	0	67,136	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	13,534	0	0	0	0	0	0	0	0	13,534	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(6,293)	6,701	0	0	0	0	0	0	0	0	0	408	26
27	Other (specify):*	(3,133)	0	0	0	0	0	0	0	0	0	0	(3,133)	27
28	**TOTAL General Administration**	(63,361)	10,562	(579,902)	14,363	8,108	0	0	0	0	0	0	(610,230)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(78,672)	10,562	(568,937)	(3,601)	7,464	0	(29)	0	0	0	0	(633,213)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	11,821	353,379	11,855	0	1,688	0	0	0	0	0	0	378,743	30
31	Amortization of Pre-Op. & Org.	0	0	255	0	0	3,265	0	0	0	0	0	3,520	31
32	Interest	(630,188)	780,238	39,888	0	2,577	5,872	0	0	0	0	0	198,387	32
33	Real Estate Taxes	0	522,423	7,189	0	439	0	0	0	0	0	0	530,051	33
34	Rent-Facility & Grounds	0	(1,454,456)	689	0	0	0	0	0	0	0	0	(1,453,767)	34
35	Rent-Equipment & Vehicles	0	0	25,700	0	0	0	0	0	0	0	0	25,700	35
36	Other (specify):*	0	47,541	0	0	0	0	0	0	0	0	0	47,541	36
37	**TOTAL Ownership**	(618,367)	249,125	85,576	0	4,704	9,137	0	0	0	0	0	(269,825)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(391,393)	0	0	(19,742)	(51,803)	(122,530)	0	0	0	0	0	(585,468)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(391,393)	0	0	(19,742)	(51,803)	(122,530)	0	0	0	0	0	(585,468)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,088,432)	259,687	(483,361)	(23,343)	(39,635)	(113,393)	(29)	0	0	0	0	(1,488,506)	45

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services, Inc.	100	See Page 6K		See Page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,454,456	Poplar Creek, LLC		$	$ (1,454,456)	1
2	V	32	Interest Income	1,318	Poplar Creek, LLC			(1,318)	2
3	V	19	Accountin g Fees		Poplar Creek, LLC		3,200	3,200	3
4	V	21	Misc. G & A		Poplar Creek, LLC		661	661	4
5	V	33	Real estate taxes		Poplar Creek, LLC		522,423	522,423	5
6	V	26	Insurance		Poplar Creek, LLC		6,701	6,701	6
7	V	32	Interest		Poplar Creek, LLC		751,150	751,150	7
8	V	32	Interest		Poplar Creek, LLC		30,406	30,406	8
9	V	36	Mortgage Ins. Prem		Poplar Creek, LLC		47,541	47,541	9
10	V	30	Depreciation		Poplar Creek, LLC		353,379	353,379	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,455,774			$ 1,715,461	$ * 259,687	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	$	Alden Management Services, Inc.	100.00%	$ 65,757	$ 65,757	15
16	V	19	Management fees	703,189	Alden Management Services, Inc.		11,926	(691,263)	16
17	V	21	Gen'l & Admin.		Alden Management Services, Inc.		31,741	31,741	17
18	V	6	maintenance/utilities		Alden Management Services, Inc.		10,965	10,965	18
19	V	24	autos/seminars		Alden Management Services, Inc.		13,534	13,534	19
20	V	20	dues/subscriptions		Alden Management Services, Inc.		329	329	20
21	V	30	depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31	amortization		Alden Management Services, Inc.		255	255	22
23	V	33	real estate tax		Alden Management Services, Inc.		7,189	7,189	23
24	V	34	rent		Alden Management Services, Inc.		689	689	24
25	V	35	rent-equipt/vehicles		Alden Management Services, Inc.		25,700	25,700	25
26	V	32	interest		Alden Management Services, Inc.		39,888	39,888	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 703,189			$ 219,828	$ * (483,361)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	TUBE FEEDING	$ 25,267	PYRAMID HEALTH CARE SERVICES	100.00%	$ 16,812	$ (8,455)	15
16	V	10	NUSRING SUPPLIES	14,729	PYRAMID HEALTH CARE SERVICES		5,220	(9,509)	16
17	V	39	SUPPLIE / PER DIEM FEES	48,152	PYRAMID HEALTH CARE SERVICES		28,410	(19,742)	17
18	V	21	GENERAL & ADMIN.		PYRAMID HEALTH CARE SERVICES		14,363	14,363	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 88,148			$ 64,805	$ * (23,343)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 177,618	Forum Extended Care II	100.00%	$ 139,176	$ (38,442)	15
16	V	10	house stock	2,976	Forum Extended Care II		2,332	(644)	16
17	V	39	iv	61,735	Forum Extended Care II		48,374	(13,361)	17
18	V	22	fringe benefits		Forum Extended Care II		1,379	1,379	18
19	V	21	gen'l & admin		Forum Extended Care II		6,729	6,729	19
20	V	32	interest		Forum Extended Care II		2,577	2,577	20
21	V	33	real estate tax		Forum Extended Care II		439	439	21
22	V	30	depreciation		Forum Extended Care II		1,688	1,688	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 242,329			$ 202,694	$ * (39,635)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	CPT Revenues	$ 370,876	Community Physical Therapy	100.00%	$ 248,346	$ (122,530)	15
16	V	31	Amortization		Community Physical Therapy		3,265	3,265	16
17	V	32	Interest		Community Physical Therapy		5,872	5,872	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 370,876			$ 257,483	$ * (113,393)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance	$ 4,692	Alden Bennett Construction	100.00%	$ 4,663	$ (29)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 4,692			$ 4,663	$ * (29)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Floyd Schlossberg a.	President	CEO	100.00	336,127	2.42	6.06	Salary	$ 21,697	21-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin		75,253	2.42	6.06	Salary	4,857	21-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint		68,747	2.42	6.06	Salary	4,437	21-1	3
4							6.06				4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	$ 30,991		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave.
City / State / Zip Code: Chicago, Il 60646
Phone Number: (773)286-3883
Fax Number: ((773)286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See page 8A				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge		x	mortgage	$69,422.85	11/1/95	$ 9,875,100	$ 9,470,392	10/1/30	7.9000	$ 751,150	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Related party - CPT	X		Operations	None					Varies	5,872	6
7	Related party - ams/FECII	X		Operations	None					Varies	42,465	7
8												8
9	TOTAL Facility Related				$69,422.85		$ 9,875,100	$ 9,470,392			$ 799,487	9
	B. Non-Facility Related*											
10	Interest Income										(880)	10
11	Interest Income										(1,318)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,198)	14
15	TOTALS (line 9+line14)						$ 9,875,100	$ 9,470,392			$ 797,289	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	543,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	524,839	2
3. Under or (over) accrual (line 2 minus line 1).	$	(18,161)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	$	540,584	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	522,423	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	449,267	8
	1997	460,429	9
	1998	515,710	10
	1999	517,127	11
	2000	524,839	12

LINE 4: 2001 ACCRUAL BASED ON AN ESTIMATED 3% INCREASE OF ACTUAL BILL PAID IN 2001:

$524,839 X 1.03 = 540,584

Related party RE taxes pagee 6a-d $7628

Add to above amount of 522423 to give a total to page4 line 33 of $530051

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Poplar Creek Rehab & HC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	07-07-300-012-0000	Nursing home facility	$ 524,839.05	$ 524,839.05
2.		Related party - Alden Management	$ 118,551.00	$ 7,189.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 643,390.05	$ 532,028.05

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? ____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 39,420
2. Number of Years Over Which it is Being Amortized: 12
3. Current Period Amortization: 4,524
4. Dates Incurred: 1990

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME		1995	$ 310,554	1
2					2
3	TOTALS			$ 310,554	3

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$	22	$	$	$ 18,359	4
5											5
6	217		1995	1988	9,202,500	230,062	40	230,062		1,412,392	6
7											7
8											8
	Improvement Type**										
9	Related Party-Forum:										9
10	Leasehold Improvement-Remodeling			1980	19,335		20			19,335	10
11	Leasehold Improvement-Remodeling			1980	1,208		10			1,208	11
12	Leasehold Improvement-Remodeling			1986	645		5			645	12
13	Leasehold Improvement-Remodeling			1990	404		5			404	13
14	Leasehold Improvement-Remodeling			1991	94		5			94	14
15	Leasehold Improvement-Remodeling			1993	8,304	830	10	830		7,474	15
16	Leasehold Improvement-Remodeling			1993	6,504	671	9.7	671		6,035	16
17	Leasehold Improvement-sign			1994	261	22	12	22		174	17
18	Leasehold Improvement-dryvit			1995	443	44	10	44		310	18
19	Leasehold Improvement-new ac			1999	723	48	15	48		145	19
20	Leasehold Improvement-roof			1985	972	51	19	51		870	20
21	Leasehold Improvement-roof			1994	863	58	15	58		460	21
22	Leasehold Improvement-roof			1997	819	55	15	55		273	22
23	Leasehold Improvement-roof			1998	1,390	93	15	93		371	23
24	Leasehold Improvement-parking lot asphalt			2000	111	11	10	11		22	24
25	Leasehold Improvement-hallway lighting			2001	155	16	10	16		16	25
26	Leasehold Improvement-DAI			2001	195	19	10	19		19	26
27											27
28	Related Party-AMS:										28
29	Leasehold Improvement-Remodeling			1993	4,266		7			4,266	29
30	Leasehold Improvement-Remodeling			1994	2,112	64	7	64		2,112	30
31											31
32	Related Party-FECII:			1999	6,893	366	5	366		529	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Electrical work/deoc/construction/fire alarm	1988	$ 34,647	$	5-10	$	$	$ 34,647	37
38	Sink repair/painting/marble work/class/electrical	1989	142,814		5-10	13,882	13,882	142,814	38
39	Install pump/village street signal/heater motor	1990	12,416	600	5-15	600		10,516	39
40	Replace boiler/replace a/c unit/replace condensor	1991	11,622	521	5-15	521		9,232	40
41	Flooring/clean condensor/roto-rooter/sprinkler/pump	1992	15,458	487	5-25	487		12,267	41
42	HVAC/electrical work/flooring/fan/counter /cabinets	1993	72,195	6,083	5-20	6,083		53,844	42
43	HVAC/prior credits applied	1994	(5,559)	(604)	10-15	(604)		(5,094)	43
44	A/C work/electricity repair/HVAC repairs	1995	23,105	1,523	5-15	1,523		12,100	44
45	Increase lighting levels on first floor	1996	8,838	589	15	589		3,044	45
46	Repair and epoxy all shower bases	1996	7,164	477	15	477		2,468	46
47	Clean coils to existing NU-AHL	1996	7,164	477	10	477		3,941	47
48	Laundry-enclose dryer area, door etc.	1996	7,763	717	20	717		2,037	48
49	Redesign PT,OT, activity area	1996	11,943	597	20	597		3,285	49
50	Repair restucco 2 entrance monuments	1996	5,014	501	10	501		2,592	50
51	Remove & replace roof with new	1996	89,573	4,479	20	4,479		23,513	51
52	Replace 2-25 gallon 450 BTU hot water heaters	1996	41,801	2,787	15	2,787		14,862	52
53	Add alternate biler phasing standby/back	1996	5,972	398	15	398		2,090	53
54	Change roof exhausts	1996	13,137	875	15	875		4,671	54
55	Repaint all painted surfaces in soda shop	1996	1,850	278	5	278		1,850	55
56	Add pantries w/kitchen equip to 1,2,3rd floors	1996	122,492	6,125	20	6,125		32,154	56
57	Siegert (sprinkler system)	1996	29,808	1,933	15	1,933		11,117	57
58	Tri-star install cooler assec.	1997	1,864	373	5	373		1,864	58
59	Cummis/onan -install pump	1997	4,959	992	5	992		4,133	59
60	Network environment -repair pipe	1997	8,000	1,600	5	1,600		6,800	60
61	Network environment -repair pipe	1997	6,800	1,360	5	1,360		5,780	61
62	A&B install cable in all rooms	1997	4,680	468	10	468		1,989	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,962,076	$ 266,046		$ 279,928	$ 13,882	$ 1,874,029	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,962,076	$ 266,046		$ 279,928	$ 13,882	$ 1,874,029	1
2	Wigdahl electric-insall outlet and lights	1998	1,778	356	5	356		1,423	2
3	A&B custom cable install cable tv 2nd floor rooms	1998	4,680	936	5	936		3,900	3
4	CSI-maint. On choller and clean condensor valves	1998	8,400	840	10	840		2,940	4
5	CSI -repair compressor and freon	1998	2,330	155	15	155		518	5
6	CSI-repair condesing unit on cooler	1998	1,869	187	10	187		623	6
7	ABC	1998	1,748,376	47,253	5-20	47,253		184,464	7
8	ABC	1998	13,080	1,308	10	1,308		4,033	8
9	Alpha Sign-signs and plaques	1999	9,881	494	20	494		1,276	9
10	CSI-repair condensor	1999	1,528	153	10	153		357	10
11	Fos valley fire & safety-smoke detectors	1999	6,502	650	10	650		1,409	11
12	CSI-repair boiler	1999	1,875	125	15	125		271	12
13	CSI-compressor	1999	1,531	102	15	102		213	13
14	Equipment Int.-washing machine	1999	1,936	387	5	387		807	14
15	ABC-concrete, fencing	1999	12,589	849	15	849		1,769	15
16	Climate Services, -replace coil/thermostat	1999	5,425	543	10	543		1,628	16
17	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		186	17
18	New Horizons	2000	525	175	3	175		277	18
19	New Horizons	2000	667	222	3	222		315	19
20	New Horizons	2000	714	238	3	238		357	20
21	New Horizons	2000	824	275	3	275		389	21
22	Alden Design	2000	4,440	222	20	222		296	22
23	Alden Design	2000	5,500	275	20	275		344	23
24	Walter Mayer -interior finishes	2000	4,000	267	15	267		489	24
25	CSI-window treatment	2000	19,411	3,882	5	3,882		6,794	25
26	DBS contracting - Alden sign	2000	1,500	300	5	300		525	26
27	Equipment Int.-repair dryer	2000	1,864	621	3	621		1,036	27
28	A&B custom cable install cable tv 1st floor rooms	1998	5,760	1,152	5	1,152		4,800	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,830,924	$ 328,137		$ 342,019	$ 13,882	$ 2,095,468	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 11,830,924	$ 328,137		$ 342,019	$ 13,882	$ 2,095,468	1
2	Equipment Int. -repair dryer	2000	926	309	3	309		489	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530	306	5	306		433	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356	471	5	471		589	4
5	ABC -misc. construction work	2000	5,949	1,190	5	1,190		1,388	5
6	Equipment Int. -repair dryer	2000	1,036	207	5	207		242	6
7	Equipment Int. -repair dryer	2000	1,103	221	5	221		257	7
8	Equipment Int. -repair dryer	2000	1,103	221	5	221		257	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,844,927	$ 331,062		$ 344,944	$ 13,882	$ 2,099,123	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,211,250	$ 93,950	$ 93,950	$		$ 450,164	71
72	Current Year Purchases	15,048	1,000	1,000			1,000	72
73	Fully Depreciated Assets	106,971	668	668			106,971	73
74								74
75	TOTALS	$ 1,333,269	$ 95,618	$ 95,618	$		$ 558,135	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	van/bus	1998-2000	$ 11,938	$ 3,797	$ 3,797	$	3	$ 6,200	76
77										77
78										78
79										79
80	TOTALS			$ 11,938	$ 3,797	$ 3,797	$		$ 6,200	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 13,500,688	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 430,477	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 444,359	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 13,882	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,663,458	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☒ YES ☐ NO

16. Rental Amount for movable equipment: $ 9,292 Description: Copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party	Various	$ 2,142.00	$ 25,700	17
18					18
19					19
20					20
21	TOTAL		$ 2,142.00	$ 25,700	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 151,904	$		$ 151,904	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			39,627			39,627	2
3	Licensed Recreational Therapist		hrs			0				3
4	Licensed Physical Therapist	39-3	hrs			177,750			177,750	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See page 16A	# of prescrpts				87,364		87,364	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Page 16A					(20,254)		(20,254)	13
14	TOTAL			$		$ 369,281	$ 67,110		$ 436,391	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Poplar Creek Rehab & HC **#** 0032896 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2001 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 120,484	$ 139,060	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,090)	1,440,347	1,440,347	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	115,787	233,507	7
8	Accounts Receivable (owners or related parties)	3,949,362	4,028,338	8
9	Other(specify): Escrows	163,147	367,054	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,789,127	$ 6,208,306	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		9,202,500	14
15	Leasehold Improvements, at Historical Cost	449,600	3,380,754	15
16	Equipment, at Historical Cost	403,312	403,312	16
17	Accumulated Depreciation (book methods)	(506,999)	(2,458,520)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 345,913	$ 10,838,600	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,135,040	$ 17,046,906	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,466,996	$ 2,499,632	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	499,826	499,826	28
29	Short-Term Notes Payable		408,835	29
30	Accrued Salaries Payable	313,734	313,734	30
31	Accrued Taxes Payable (excluding real estate taxes)	50,260	50,260	31
32	Accrued Real Estate Taxes(Sch.IX-B)		540,584	32
33	Accrued Interest Payable		62,347	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	126,222	126,222	35
	Other Current Liabilities(specify):			
36	Due IDPA	168,797	168,797	36
37	Due to Affiliates	261,040	261,040	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,886,875	$ 4,931,277	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,382,336	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due toOfficers	(125,000)	(125,000)	43
44	Deferred taxes	(39,753)	(39,753)	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ (164,753)	$ 9,217,583	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,722,122	$ 14,148,860	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,412,918	$ 2,898,046	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,135,040	$ 17,046,906	48

***(See instructions.)**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,932,423	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,932,423	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(519,505)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (519,505)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,412,918	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,575,183	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,575,183	3
	B. Ancillary Revenue		
4	Day Care	8,292	4
5	Other Care for Outpatients		5
6	Therapy	266,387	6
7	Oxygen	57,421	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 332,100	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,370	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,357	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	136,713	21
22	Laundry	1,620	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 141,060	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	881	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 881	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. income	1,391	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,391	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,050,615	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,598,990	31
32	Health Care	2,921,013	32
33	General Administration	2,245,993	33
	B. Capital Expense		
34	Ownership	2,138,085	34
	C. Ancillary Expense		
35	Special Cost Centers	1,027,119	35
36	Provider Participation Fee	118,807	36
	D. Other Expenses (specify):		
37	Related party salaries included in col 1 page 6A	(467,663)	37
38	Related party salaries included in col 1 page 6B	(5,585)	38
39	Related party salaries included in col 1 page 6C	(6,639)	39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,570,120	40
41	**Income before Income Taxes (line 30 minus line 40)****	(519,505)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (519,505)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	816	880	$ 67,090	$ 76.24	1
2	Assistant Director of Nursing	1,552	1,879	52,725	28.06	2
3	Registered Nurses	37,568	39,660	980,399	24.72	3
4	Licensed Practical Nurses	19,111	20,401	386,002	18.92	4
5	Nurse Aides & Orderlies	89,622	95,186	1,160,275	12.19	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,888	2,056	28,818	14.02	9
10	Activity Assistants	5,751	6,081	47,561	7.82	10
11	Social Service Workers	1,936	2,080	32,943	15.84	11
12	Dietician					12
13	Food Service Supervisor	2,190	2,294	40,402	17.61	13
14	Head Cook					14
15	Cook Helpers/Assistants	34,837	36,906	324,639	8.80	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,080	36,211	17.41	17
18	Housekeepers	20,920	22,071	174,504	7.91	18
19	Laundry	11,756	12,505	120,250	9.62	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,973	6,515	106,775	16.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,888	2,135	47,333	22.17	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Support	280	280	45,122	161.15	32
33	Other(specify) Personnel	1,856	2,080	42,648	20.50	33
34	TOTAL (lines 1 - 33)	239,880	255,089	$ 3,693,697 *	$ 14.48	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	monthly	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	104	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	617	11-3	44
45	Social Service Consultant	17	840	12-3	45
46	Other(specify) Alzheimer Cons.	38	1,926	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	171	$ 26,591		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Agpasa(4585)/Dalicandro(4094)	administrator	0	$ 8,679
various executives	management	0	70,298
Dipaolo(8333)/Glantz(1386)	administrator	0	9,719
Leitch	administrator	0	61,412
Palazzo(4521)/Weber(4040)	administrator	0	8,561
	administrator	0	
	administrator	0	
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 158,669

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ALDEN MANAGEMENT	Mangmnt fee/Marketing	$ 733,705
Blackman Kallick	ACCOUNTING	10,300
SEE PAGE 21 A	LEGAL	33,251
US GAS & ENERGY	CONSULTING	1,953
MEDI COMM	CONSULTING	225
ALDEN MANAGEMENT	CONSULTING	3,660
ACHIEVE ACCREDIATIONS	CONSULTING	(540)
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 782,554

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 57,847
Unemployment Compensation Insurance	23,138
FICA Taxes	286,394
Employee Health Insurance	33,180
Employee Meals	43,236
Illinois Municipal Retirement Fund (IMRF)*	
DENTAL INSURANCE	10,067
LIFE INSURANCE	607
EMPLOYEE RELATIONS	2,004
MISC. PR COSTS	3,046
PENSION	32,782
UNION HEALTH & WELFARE	108,933
related party-ams	67,136
TOTAL (agree to Schedule V, line 22, col.8)	$ 668,370

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 400
Advertising: Employee Recruitment	570
Health Care Worker Background Check	658
(Indicate # of checks performed)	
ILL HEALTH CARE	9,022
FOX VALLEY FIRE	800
VILLAGE OF HOFFMAN ESTATES	838
MISC. FEES	1,112
SENTRY PROTECTION	1,060
related party-ams	329
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,789

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	2,860
Seminar Expense	
related party-ams	13,534
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,394

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Poplar Creek Rehab & HC # 0032896 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Painting	1988	$ 4,226	5	$	$	$	$	$	$	$	$	$
2	Service master	1988	3,962	10									
3	Complete Temp	1989	1,300	5									
4	Service master	1990	3,182	5									
5	CSI	1992	4,754	5									
6	Bob's painting	1993	1,460	5									
7	Bob's painting	1994	7,715	5				0					
8	Climate Service - insulatio	1995	2,051	12				171					
9	Onassis - painting	11/95	1,339	3									
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 29,989		$	$	$	$ 171	$	$	$	$	$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **IHCA $9022**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **4,512** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **no** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **no** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **118,807**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **no** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **43,236** Has any meal income been offset against related costs? **no** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **no**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **BDO Seidman** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain. **not yet completed**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	5	5	5	5	6	7	8	9	10	11	12	13	
		Month & Year			Amount of Expense Amortized Per Year														
	Improvement Type	Improvement Was Made	Total Cost	Useful Life	FY92	FY93	FY94	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	
20	PAINTING	5/95	840	3				187	280	280	93	0							
21	PAINTING	7/95	1,166	3				194	389	389	194	0							
22	INSTALL A/C MOTOR/HVAC	7/95	1,605	10				80	160	160	160	160	160	160	160	160	160	160	
23	PAINTING	9/95	1,535	3				171	512	512	341	0							0
24	motor (hvac)	3/96	1,846	10					154	185	185	185	185	185	185	185	185	185	0
25	hvac repair	6/96	2,283	10					133	228	228	228	228	228	228	228	228	228	
26	door	5/96	1,026	15					46	68	68	68	68	68	68	68	68	68	
27	condensor	4/96	1,182	10					89	118	118	118	118	118	118	118	118	118	
28	hot water...	12/96	3,397	15					19	226	226	226	226	226	226	226	226	226	0
29	a/c repair	6/96	1,891	15					74	126	126	126	126	126	126	126	126	126	
30	pump repair	8/96	1,988	10					83	199	199	199	199	199	199	199	199	199	
31	mixed air damper/hot wtr valve	4/97	1,853	3						463	618	618	154	0					
32	repair leaks in cooling syst	6/97	2,365	3						460	788	788	328	0					
33	replace tower motor-hvac	6/97	1,795	3						349	598	598	249	0					
34	pipe insulating	12/97	2,474	3						69	825	825	756	0					
35	CSI (belt on fan&airhandler)	4/98	1,811	3							453	604	604	151	0				
36	CSI (seal on condenser pump)	7/98	3,302	3							550	1,101	1,101	550	0				0
37	CSI (replace recirculating pump)	8/98	2,350	3							326	783	783	457	0				0
38	CSI (install vents off gas lines)	9/98	2,141	3							238	714	714	476	0				
39	PAINTING **	9/98	7,092	3							788	2,364	2,364	1,576	0				
40	PAINTING **	12/98	4,743	3							132	1,581	1,581	1,449	0				
41	Chicago Cooling(repair a/c)	6/99	1,998	3								389	666	666	278	0			
42	Onassis-painting(ytd>$1,500) **	7/99	8,037	3								1,340	2,679	2,679	1,340	0			
43	Chicago Cooling(repair colling syst	02/00	3,416	3									1,044	1,139	1,139	94	0		
44	Capps-Plumbing & S.(repair water s	06/00	1,511	3									294	504	504	209	0		
45	GT Mechanical (repair air handler)	10/00	2,820	3									235	940	940	705	0		
46	2000-painting(ytd>$1,500) **	7/00	6,738	3									1,123	2,246	2,246	1,123	0		
	TOTALS		136,888					#REF!	7,520	8,761	10,224	13,314	16,155	14,314	7,927	3,612	1,481	1,481	

**** = reclassed from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.**